

TRAVEL EXPENSE CLAIM

See Instructions and Privacy
Statement on Reverse Side

STD 262 (REV 10/92)

Page 1 of 1

CLAIMANT'S NAME Sharon B. Majors-Lewis		SSAN OR EMPLOYEE NUMBER	DEPARTMENT Governor's Office
POSITION Judicial Appointments Secretary	CB/ID NUMBER	DIVISION OR BUREAU Judicial Appointments	INDEX NUMBER
RESIDENCE ADDRESS		HEADQUARTERS ADDRESS 1350 Front Street	TELEPHONE NUMBER
ZIP San Diego		STATE CA	ZIP 92101

MONTH/YEAR		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	TRANSPORTATION				BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
DATE	TIME			BREAKFAST	LUNCH	DINNER		COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE MILES AMOUNT		
10/6-	5 30a	SD-SAC-	134 93		10.00			139.20	A	39.60	0.00		323.73
10/7-			134.93		10.00		6.00				0.00		150.93
8-Oct	8 10p	SD			8.80		6.00			39.60	0.00		54.40
											0.00		0.00
10/13-	5 30a	SD-SAC-	134 57		10.00	15.11		161.20	A	39.60	0.00		360.48
10/14-			134.57		10.00		6.00				0.00		150.57
15-Oct	8 10p	SD			10.00		6.00			39.60	0.00		55.60
											0.00		0.00
10/21-	5 30a	SD-SAC-	134.57		10.00	3.26		166.20	A	39.60	0.00		353.63
10/22-			134.57		8.45		6.00				0.00	75.00	224.02
23-Oct	6.30p	SD					6.00			39.60	0.00		45.60
											0.00		0.00
											0.00		0.00
SUBTOTALS			808.14	0.00	77.25	18.37	36.00	466.60	0.00	237.60	0	0.00	75.00
COLUMN CODE (ACCTG. USE ONLY)													
CLAIM TOTAL												\$1,718.96	

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

Meet with Governor; Meet with Chief of Staff;
Interview judicial applicants; Attend
Unity Ball Dinner Event

NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

MILEAGE RATE CLAIMED

0.445

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

240838

I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE	DATE 1/6/10	SIGNATURE OF OFFICER IN CHARGE	DATE 1/11/10
SIGNATURE OF TITLE OF AUTHORITY		SPECIAL EXPENSES	

TRAVEL EXPENSE CLAIM

See Instructions and Privacy
Statement on Reverse Side

STD 262 (REV 10/92)

Page 1 of 1

CLAIMANT'S NAME Sharon B. Majors-Lewis			SSAN OR EMPLOYEE NUMBER			DEPARTMENT Governor's Office		
POSITION Judicial Appointments Secretary			CB/ID NUMBER			DIVISION OR BUREAU Judicial Appointments		
RESIDENCE ADDRESS			HEADQUARTERS ADDRESS 1350 Front Street			TELEPHONE NUMBER		
CITY San Diego			STATE CA			ZIP 92101		

MONTH/YEAR Dec-09		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	TRANSPORTATION				BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
DATE	TIME			BREAKFAST	LUNCH	DINNER		COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE MILES AMOUNT		
12/1-	5 30a	SD-SAC-	134 57		10 00			139.20	A	39.60	0 00	323 37	
12/2-			134 57		9 06	18 00	6 00				0.00	167 63	
3-Dec	6 30p	SD			10 00	6 94	6 00			39 60	0 00	62 54	
											0 00	0 00	
12/21-	5 30a	SD-SAC-	134 57		10.00			215 20	A	39 60	0 00	399 37	
22-Dec	8 35p	SD			10 00		6.00			39.60	0 00	55 60	
											0 00	0 00	
											0 00	0 00	
											0 00	0 00	
											0 00	0 00	
											0 00	0 00	
											0 00	0 00	
											0 00	0 00	
											0 00	0 00	
											0 00	0 00	
SUBTOTALS			403 71	0 00	49 06	24 94	18 00	354 40	0 00	158 40	0	0 00	0 00
COLUMN CODE (ACCTG. USE ONLY)													
CLAIM TOTAL												\$1,008.51	

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

Meeting with appellate court PT-review files
and correspondence; meet with Governor

NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

MILEAGE RATE CLAIMED

0 445

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

240838

I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIM	DATE 1/6/10	SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE 1/11/10
SIGNATURE OF TITLE OF AUTHORITY		DATE	